|  |                           |   | ORDER FO                    | R SUP            | PLIES OR SERV                             | ICES                                |                  |  |                 |  |                                       | OF PAGE  |                         |  |  |
|--|---------------------------|---|-----------------------------|------------------|---|-------------------------------------|------------------|--|-----------------|--|---------------------------------------|----------|-------------------------|--|--|
| IMPORTANT:   | Mark all                  | packages and papers w   | ith contract an             | d/or ord         | er numbers.                               |                                     |                  |  |                 |  | 1                                     |          | 2                       |  |  |
| 1. DATE OF OR  | RDER                      | 2. CONTRACT NO. (If any   | )                           |                  |   |                                     |                  |  | 6. SHIP TO:     |  |                                       | •        |                         |  |  |
| 01/29/20   | 13                        |   |                             |                  |   | a. NAME                             | OF CC            | NSIGNEE                                    |                 |  |                                       |          |                         |  |  |
| 3. ORDER NO. 4. REQUISITION/REFERENCE NO.                |                           |   |                             |                  |   |                                     |                  |  |                 |  |                                       |          |                         |  |  |
| EP-13-I-000010 PR-0IG-13-00016                           |                           |   |                             |                  |   | OIG SACO                            |                  |  |                 |  |                                       |          |                         |  |  |
| OIG SACC   |                           | ress correspondence to)   |                             |                  |   |                                     | vir              | onmental Prot                              | ection A        | ——<br>gen                                      | су                                    |          |                         |  |  |
| EPA West   | Buil                      | _   | a Agency                    |                  |   | 1301                                | Con              | Building<br>stitution Ave<br>; Mail Code 2 |                 |  |                                       |          |                         |  |  |
|  |                           | tion Ave., NW<br>1 Code 2450T   |                             |                  |   | c. CITY                             |                  | ,  |                 |  | d. STATE                              | e. ZIP C | ODF                     |  |  |
| Washingt   | •                         |   |                             |                  |   | Washi                               | ingt             | on   |                 |  | DC                                    | 20004    |                         |  |  |
| 7. TO: FRAN  |                           |   |                             |                  |   | f. SHIP VIA                         |                  |  |                 |  | 1                                     |          |                         |  |  |
| a. NAME OF CO  |                           |   | destination                 |                  |   |                                     |                  |  |                 |  |                                       |          |                         |  |  |
|  |                           | EMS, L.L.C.   |                             |                  |   |                                     |                  | 8. TY                                      | PE OF ORDER     |  |                                       |          |                         |  |  |
| b. COMPANY N   | IAME                      |   |                             |                  |   | X a. PU                             | JRCHA            | SE   |                 | t  | o. DELIVERY                           | ,        |                         |  |  |
| c. STREET ADD  |                           |   |                             |                  |   | REFERENCE YOUR:                     |                  |  |                 |  |                                       |          |                         |  |  |
| 400 RED  |                           | BLVD.   |                             |                  |   | Quote #105862                       |                  |  |                 |  | pt for billing in<br>se, this deliver |          |                         |  |  |
| SUITE 120<br>4103273366                                  |                           |   |                             |                  |   |                                     | GSA GS-35F-0119Y |  |                 |  | structions cor<br>of this form a      |          |                         |  |  |
| 41032733   | 000                       |   |                             |                  |   | Please fu                           |                  | subje                                      | ect to the terr | ns and cor                                     | nditions                              |          |                         |  |  |
| d. CITY  e. STATE f. ZIP CODE  OWINGS MILLS MD 211175172 |                           |   |                             |                  |   | and cond<br>this order<br>including | y,               | or the                                     | e above-num     | berea con                                      | tract.                                |          |                         |  |  |
| 9. ACCOUNTING  |                           | PROPRIATION DATA  |                             |                  |   | 10. REQU                            |                  | NING OFFICE                                | +               |  |                                       |          |                         |  |  |
|  | CLASSIFI                  | CATION (Check appropriate   | te box(es))                 |                  |   | 1,11,1                              |                  |  |                 | 12   | 2. F.O.B. PO                          | NT       |                         |  |  |
| a. SMALL   | X                         | b. OTHER THAN SMALL   | C. DI                       | SADVAN           | ITAGED d. WOI                             | MEN-OWNE                            | D                | e. HUBZone                                 |                 | D  | estinat                               | ion      |                         |  |  |
| f. SERVIC  | E-DISABL<br>AN-OWNE       |   | NED SMALL BU                | JSINESS<br>PROGR | (WOSB) h. E                               | DWOSB                               |                  |  |                 |  |                                       |          |                         |  |  |
|  |                           | 13. PLACE OF  |                             | 1                | 4. GOVERNMENT B/L N                       | Ю.                                  |                  | 15. DELIVER TO F.O.B.                      |                 | 1  | 16. DISCOU                            | NT TERM  | S                       |  |  |
| a. INSPECTION<br>Destinat                                |                           | b. ACCEPTAN<br>Destina  |                             |                  |   |                                     |                  | ON OR BEFORE (Dai<br>1 Days Afte:          | e)<br>r Award   |  |                                       | 30 N     | et                      |  |  |
|  |                           | '   |                             |                  | 17. SCHEDULE (See                         | e reverse fo                        | r Rejec          | tions)                                     |                 |  |                                       |          |                         |  |  |
| ITEM NO.   |                           | SUPPLIE   | S OR SERVICE                | S                |   | QUANTITY                            |                  | OUNT ACCEP                                 |                 | JANTITY<br>CEPTED<br>(g)                       |                                       |          |                         |  |  |
|  | Confi<br>GSA C<br>Max E   | Number: 08170<br>rming Order Pl<br>ONTRACT GS-35F<br>xpire Date: 01<br>nued | 7700<br>aced Wit<br>-0119Y, | Do N             | ot Duplicate                              |                                     |                  |  |                 | <u>,                                      </u> |                                       |          |                         |  |  |
|  | 18. SHIF                  | PPING POINT   |                             |                  | 19. GROSS SHIPPING V                      | VEIGHT                              | -1               | 20. INVOICE NO.                            |                 |  |                                       |          | 17(h)<br>TOTAL          |  |  |
|  |                           |   |                             |                  |   |                                     |                  |  |                 |  |                                       |          | (Cont.<br>pages)        |  |  |
| 21. MAIL INVOICE TO:                                     |                           |   |                             |                  |   |                                     |                  |  |                 |  |                                       |          |                         |  |  |
|  | a.NAME RTP Finance Center |   |                             |                  |   |                                     |                  |  |                 |  | \$1,165.00                            |          |                         |  |  |
| SEE BILLING<br>INSTRUCTIONS<br>ON REVERSE                | b. STRE<br>(or P.O.       | Box)  | TP-Finano                   | ce Ce            | al Protectio<br>enter (D143-<br>ler Drive | _                                   | су               |  |                 |  |                                       |          | 17(i)<br>GRAND<br>TOTAL |  |  |
|  | c. CITY                   | C CITY  |                             |                  |   |                                     |                  | e. ZIP CODE \$1,1                          |                 | 65.00  |                                       |          |                         |  |  |
|  |                           | ırham   |                             |                  |   | d. STA                              |                  | 27711                                      |                 |  |                                       |          |                         |  |  |
| 22. UNITED   | I                         |   |                             |                  |   | 140                                 |                  | 23. NAME (Typed)                           | I               |  |                                       |          |                         |  |  |
|  | STATES C<br>ABY (Sig      | <b>L</b>  |                             |                  |   |                                     |                  | Sherman Fa                                 | rves            |  |                                       |          |                         |  |  |
| , willing  | (0/9                      |   |                             |                  |   |                                     |                  | TITLE: CONTRACTING                         |                 | FICE   | R                                     |          |                         |  |  |

## **ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION**

PAGE NO

2

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER CONTRACT NO. 01/29/2013

ORDER NO.

EP-13-I-000010

| ITEM NO. SUPPLIES/SERVICES  (a) (b) (c) (d) PRI ORDERED (c) (d) (e)  Admin Office: OIG SACO US Environmental Protection Agency EPA West Building 1301 Constitution Ave., NW Rm. 2110; Mail Code 2450T Washington DC 20004  Mark For: DC Warehouse Delivery US Environmental Protection Agency 8335 Ardwick Ardmore Road   | CE       | QUANTITY<br>ACCEPTED<br>(g) |
|---|----------|-----------------------------|
| (a) (b) (c) (d) (e  Admin Office: OIG SACO US Environmental Protection Agency EPA West Building 1301 Constitution Ave., NW Rm. 2110; Mail Code 2450T Washington DC 20004  Mark For: DC Warehouse Delivery US Environmental Protection Agency 8335 Ardwick Ardmore Road  |          |                             |
| OIG SACO US Environmental Protection Agency EPA West Building 1301 Constitution Ave., NW Rm. 2110; Mail Code 2450T Washington DC 20004 Mark For: DC Warehouse Delivery US Environmental Protection Agency 8335 Ardwick Ardmore Road   |          |                             |
| Attn: Renee Parrish Landover MD 20785   |          |                             |
| Edaptive will provide EPA OIG with Symantec Protection Engine for Cloud Svcs 7.0, Renewal, 12 months of Government Band service, PN:S6MPOZZO. Edaptive quote 105862 and GSA Contract GS-35F-0119Y are incorporated.  Accounting Info: 12-13-N-35GTW-ZZZPG2-2512-LSLMIABS-133 5TMR005-001 BFY: 12 EFY: 13 Fund: N Budget Org: 35GTW Program (PRC): 2ZZPG2 Budget (BOC): 2512 Job #: LSLMIABS DCN - Line ID: 1335TMR005-001 Funding Flag: Complete Funded: \$955.30 Accounting Info: 12-13-N2-35GTW-ZZZPG2-2512-LSLMIABS-13 35TMR005-002 BFY: 12 EFY: 13 Fund: N2 Budget Org: 35GTW Program (PRC): 2ZZPG2 Budget (BOC): 2512 Job #: LSLMIABS DCN - Line ID: 1335TMR005-002 Funding Flag: Complete Funded: \$209.70  The total amount of award: \$1,165.00. The obligation for this award is | 1,165.00 |                             |

\$1,165.00